

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William H. Fleming

Application No. 10/019,165

Filed: December 20, 2001

Confirmation No. 6245

For: METHOD FOR ENHANCING
HEMATOPOIESIS

Examiner: Leon B. Lankford, Jr.

Art Unit: 1651

Attorney Reference No. 899-61868

CERTIFICATE OF MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP NON-FEE AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 on the date shown below.

Agent
for Applicant(s)

Date Mailed November 3, 2003

MAIL STOP NON-FEE AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

This amendment is submitted in response to the Office action (Restriction Requirement) dated October 3, 2003. A one-month period for reply was set, making this response due on or before November 3, 2003. Please amend the referenced application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.


Remarks begin on page 7 of this paper.

- ☒ Please charge any fees that may be required in connection with filing this amendment and any extension of time, or credit any overpayment, to Deposit Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

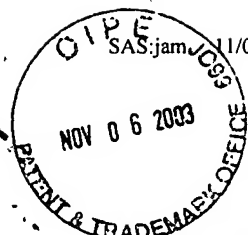
By



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PATENT *Image*
Attorney Reference Number 899-61868

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TRANSMITTAL LETTER

Enclosed is a Response to Restriction Requirement for the above application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---------------------|-------------------------|---------------|----------|---------|
| For | No. after amendment | No. paid for previously | Present Extra | Rate | Fee |
| Total Claims | 42 | - 46* | = 0 | \$9.00 | \$ 0.00 |
| Indep. Claims | 7 | - 10** | = 0 | \$43.00 | \$ 0.00 |
| Mult. Dep. Claims Fee (if not previously paid) | | | | \$145.00 | |
| One-month Extension of Time | | | | \$55.00 | |
| Two-month Extension of Time | | | | \$210.00 | |
| Three-month Extension of Time | | | | \$475.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |

* greater of twenty or number for which fee has been paid.

** greater of three or number for which fee has been paid.

☒ No additional fee is required.